

## **Do we still need a psychology of sexuality?**

Humans are sexual beings. This statement often remains unquestionable, primarily because it is well settled in the social conditioning of people (Yule et al; 2013) and, because of the mere ignorance towards the existence of asexuality. Sexual and heteronormativity, in some way, has prohibited the exploration of the psychology of asexuality in humans (Hampson, 2020). For many of us, sexuality has played a dominant part in our lives. However, many of them are forced to believe that their association with asexuality is either unaccepted or unobligated to society (Dawson et al; 2018). Exploring these aspects in detail, this essay will focus on the definitions of asexuality from different perspectives. Furthermore, this essay will delve into romanticism, gender differences, sexual behaviour, debunking myths, and LGBT attitudes towards asexuals and press on the thought as to why we “still” need a psychology of asexuality in order to better understand the psychology of sexuality.

Asexuality can be broadly defined as an inability to feel sexual attraction/desire towards anyone or anything (Hampson, 2020). AVEN (Asexuality, Visibility and Education Network), the largest online asexual community, has defined asexuality as a sexual orientation or identity similar to other minority sexual orientations (Jay, 2005). Researchers have also tried to explain asexuality through biological aspects: birth order, finger length ratio (Yule et al; 2014), psychological markers: interpersonal relationships, depression (Brotto et al., 2010), and sexual factors: frequency of sexual activity, arousal, and behaviour (Houdenhove et al; 2015). Having these many different narratives, asexuality either appears to be portrayed through a wider perspective or could make the literature skewed in an effort to narrow down a definition that can be relatable and comprehensible. However, a psychological approach to asexuality has existed for quite some time in the form of pathologizing it and merging it with disorders such as Hypoactivity Sexual Desire Disorder (HSDD) and Schizoid Personality Disorders (Yule et al; 2013). According to DSM V, HSDD is defined as the absence of sexual desire or fantasies and the distress and interpersonal difficulties caused consequently (American Psychological Association, 2013). Although, asexual individuals have reported distress and problems in interpersonal relations but to posit that the distress caused is due to the lack of sexual desire is not completely appropriate (Houdenhove et al; 2014). This is also backed by the AVEN community stating that the innate lack of sexual desire cannot be directly attributed to suffering from HSDD and is an obvious roadblock in creating a stable definition of asexuality (Lund et al; 2014).

Apart from the multitude of conceptualizations of asexuality for about two decades, a paradoxical yet important aspect of asexuality is the sexual behaviour in asexual individuals (Houdenhove et al; 2015). Asexuality, defined as a lack of attraction for others could have been derived from the theories of sexual orientation (Bogaert, 2015). Storm's two-dimensional model

of sexual orientation (1980) highlights the sexual behaviour of asexuals by marking them as low on homo and hetero eroticism (Chasin, 2011). This was, however, seen as a positive development as compared to Kinsey's one-dimensional model of sexual orientation (1948) as the latter did not even recognize the existence of asexuals (Bogaert, 2015). Another correlation between sexuality and asexuality can be attributed to the entangled relationship between sexual desire, sexual arousal, and sexual attraction in asexuals (Brotto et al; 2010). Asexuals can engage in sexual behaviour without having a sexual desire or arousal such as getting pregnant, relieving tension, or pleasing their partner (Cain et al; 2003), or can get sexually aroused but it may not be directed towards others, for example, masturbation (Lund et al; 2014), or, can have a sexual desire but are unable to engage in sexual behaviour due to physical conditions (Cain et al; 2003). This asexual-sexuality spectrum not only helps debunk the myth of asexuality as a sexual "dysfunction" but also questions the diagnostic process of determining sexual desire in both sexual and asexual individuals. It is somewhat difficult to draw lines between sexual arousal, desire, and involvement among asexuals (Hinderliter, 2009) and hence can become a pressing concern in upcoming years for sex therapists and psychologists to conclude a deeper meaning when dealing with clients experiencing sexual distress. This emphasizes the exigency of understanding the psychology of asexuality w.r.t sexual instincts, differentiating sexuality in sexual and asexual individuals and further differentiating sexual and romantic behaviour in each category (Scherrer, 2008).

Romanticism, in the context of asexuality, is difficult to imagine from a sexual normative mindset but serves to be the most crucial factor in redefining asexuality in the world of sexuality (Bogaert, 2015). The asexual-romance spectrum is a little intricate. Many asexuals identify with two orientations: a romantic and a sexual one where romantic orientation includes hetero, homo, pan, bi, and aromantic orientations and sexual orientations constitutes of Asexual, Gray-A (occasional sexual attraction) and Demisexual (engaging in sexual activity only after emotional bond), and Sexual orientations (Chasin, 2011). According to Sternberg's triangular theory, love revolves around the interaction between intimacy, passion, and commitment (Sternberg, 1986) and defines 7 possible love types. Ideally, this should categorize asexuals under one of the categories which could be compassionate love or empty love. With theories evolving with time and including emerging aspects that could broaden the spectrum of theory, asexuality has never been associated with this theory's evolvement across the literature (Menezes, 2019). The asexual-romance spectrum and absence of refined literature in love and attraction-based theories (Brotto et al; 2008) illustrate that even after 20 years of exploration, romance in asexuals has not been effectively comprehended and normalized. Therefore, asexuality should not be defined by mathematical models of attraction and requires a more holistic approach to be inclusive of both sexual and romantic attraction in asexuals (Menezes, 2019).

Reflecting on the asexual-romance spectrum and drawing parallels, it can be purported that the kind of backlash that bisexuality in the LGBT community is currently facing (Flanders, 2016), demi-sexuality might face in upcoming years provided people are more eager to learn about the psychology of asexuality. Talking about the LGBTQIA community, the 'A', commonly

called as ace or asexual is often questioned to be included in the acronym, falling prey to a perception that asexuals never went through the dehumanizing prejudice that the rest of the LGBTQ community experienced (Yule et al; 2013). According to social identity theory, individuals experience a collective identity by associating themselves to groups (racial, ethnic, gender, etc.) (Hogg, 2016). This theory has also posited that health and well-being increase once a minority group has found a sense of identity categorization and development (Outten et al., 2009). Although this theory has favoured the LGBTQ community as they are now less subjected to discrimination, the asexual community is still facing the consequences of being a marginalized community and subjected to prejudice and social bias leading to ill mental well-being (MacInnis et al; 2012). In August 2015, a sex therapist, Dr Ruth Westheimer created a storm in the Twitter world by tweeting that asexuality is a waste of population and there is nothing as “asexuality” existing (Bussel, 2015). The acceptance of asexuals in the LGBTQ community is opposed by LGTBQ activists like Dan Savage who claims that asexuality is a choice and condemns their involvement in the pride parade (Canning, 2015). Reflecting on the above attitude, it can be argued that the psychology of asexuals and in general asexuality need to be understood with more sensitivity and their inclusion in the LGBTQ community should be debated in a healthy environment as this debate can aid in narrowing down the defining criteria of asexuality whether it is a choice, gender identity or gender orientation. Furthermore, it can also help in discussing mental health issues that asexuals face due to alienation, and ignorance, and combatting the implications of “coming out”.

Much like LGBTQ sexualities, asexuality has also been perceived differently for different genders (Bogaert, 2015). Historically, asexuality among females has been attributed as an ideal virtue among white women as their ability to restrain sexual desires and a racial outlook towards black women as a caricature and hypo-sexual figures (Owen, 2014). For men, asexuality is somewhat perceived as a question of their masculinity (Gupta, 2018). The continued social pressure to maintain their manhood and compulsorily maintain a sexual desire keeps them away to coming to realize if they are asexual (Przybylo, 2014). A study by Nurius (N=685) regarding sexual orientation projected that 5% of the men and 10% of the women are categorized as “asexuals” (Yule et al; 2013). An interesting argument is that women are more asexual than men (Bogaert, 2015). This could potentially be due to a cultural notion that women are supposed to be more prudent when exploring their sexuality and hence their flexibility in being sexual becomes a very internalized process than males (Diamond, 2003). However, this kind of generalization is only fruitful if it is in favour of the community under question and leads to crucial conclusions.

These cultural myths related to asexuality impede a common person's ability to view the psyche of an asexual distinctly and humanize it. (Milligan et al; 2001). Asexuality has witnessed several other myths surfacing in the literature. A layman's perception of asexuality is that the root cause of its non-acceptance is the unfamiliarity with the concept. However, a study by MacInnis and Hodson (2012) debunked this myth by evidencing with a survey analysis conducted on participants (N=101; not belonging to any sexual minority) rating their attitude towards concepts

of sexuality including sapiosexuality and asexuality. Despite being unfamiliar with sapiosexuality, asexuality was reviewed more in a negative light (MacInnis et al; 2012). Another common myth is the association of asexuality with disability. The AVEN movement has been a strong force in arguing to not merge these concepts even if it stands true for a few cases (Lund et al; 2014). Debunking these myths can accentuate the destigmatization of asexuality and explore the internalized behaviour (misinterpreting asexuality, social withdrawal and distress) of asexuals (Carrigan et al; 2013).

The fact that most research on asexuality has been limited to the US (e.g., Brotto et al. 2010; Poston et al; 2010) and the UK (Bogaert, 2004; Aicken et al; 2013) also obstructs the perception of destigmatizing asexuality. Another limitation of asexuality literature is that though there is a considerable number of participation of self-identified asexuals (Nurius, 1985; Yule et al; 2013), the focus of research now needs to be asexuals who are in a relationship with sexual/asexual individuals (Houdenhove et al; 2015). It is significant to explore the romanticism among asexuals through a phenomenological research perspective and establishing correlations with the psychology of sexual individuals. This could be supplemented by brain-imaging studies, psychophysiological research across ethnicities (Houdenhove et al; 2014). Moreover, longitudinal studies are needed to understand the evolving of asexuality in an individual over years and how asexuality gets shaped up with daily experiences from a developmental perspective.

To conclude, this essay highlighted a multitude of explanations of asexuality along with shedding light on critical aspects such as how romanticism needs to be studied separately in asexual and sexual individuals, the need to view asexuality as a different identity or trait rather than just a “fourth sexual orientation” and how asexuality is internalized across cultures and create biases and distress. From a cultural perspective, it is still merely ignored and sadly, not scrutinized enough in the public eye for people to question their asexuality as it was with the LGBTQ community. All these arguments substantiate that we still need to understand and deal with different psychological aspects of asexuality and ponder upon the notion that it can significantly contribute as an extension to the psychology of sexuality. However, there is also a need to shift the focus of the psychology of asexuality on the socio-political parameters rather than its biological origination. This can create a pathway for clinicians and therapists to perceive asexuality as a powerful tool of self-identification rather than pathologizing it. Asexuality challenges the very foundation of the psychology of sexuality that all humans possess a sexual desire and should be questioned till there are definite explanations and literature has collated ample effective evidence to conduct further psychological studies on asexuality.